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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	960296.98636		
	First Name of Inventor	Paul F. Laeseke		
	COMPLETE IF KNOWN			
	Application Number			
	Filing Date	December 12, 2001		
	Group Art Unit			
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAUTERIZING BIOPSY SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.


I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

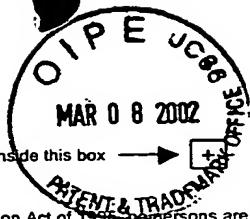
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				OR <input type="checkbox"/> Correspondence address below	
Name 27114 <small>PATENT - TRADEMARK OFFICE</small>					
Address					
Address					
City		State		ZIP	
Country	Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Paul F. (first and middle [if any])			Family Name Laeseke or Surname		
Inventor's Signature <i>Paul F Laeseke</i>			Date <i>1/10/02</i>		
Residence: City Sun Prairie		State WI	Country U.S.	Citizenship U.S.	
Mailing Address 1849 Frawley Drive					
Mailing Address					
City Sun Prairie		State Wisconsin	ZIP 53590	Country U.S.	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Kelly Rose (first and middle [if any])			Family Name Stevens or Surname		
Inventor's Signature <i>Kelly R Stevens</i>			Date <i>1/24/02</i>		
Residence: City Madison		State WI	Country U.S.	Citizenship U.S.	
Mailing Address 26 Lathrop Street					
Mailing Address					
City Madison		State Wisconsin	ZIP 53705	Country U.S.	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Thomas C.		Winter	
Inventor's Signature <i>Thomas C. Winter</i>		Date <i>11/10/02</i>	
Residence: City Middleton	State WI	Country U.S.	Citizenship U.S.
Mailing Address 5125 Saint Cyr Road			
Mailing Address			
City Middleton	State WI	ZIP 53562	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Fred T.		Lee, Jr.	
Inventor's Signature <i>Fred T. Lee</i>		Date	
Residence: City Madison	State WI	Country U.S.	Citizenship U.S.
Mailing Address 3810 Council Crest			
Mailing Address			
City Madison	State WI	ZIP 53711	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Frank J.		Fronczak	
Inventor's Signature <i>Frank J. Fronczak</i>		Date <i>02/04/02</i>	
Residence: City Madison	State WI	Country U.S.	Citizenship U.S.
Mailing Address 238 Carillon Drive			
Mailing Address			
City Madison	State WI	ZIP 53705	Country U.S.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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ADDITIONAL INVENTOR(S)

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Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John G.		Webster	
Inventor's Signature <i>John G. Webster</i>		Date 1/31/02	
Residence: City Madison	State WI	Country U.S.	Citizenship U.S.
Mailing Address 1710 Hoyt Street			
Mailing Address			
City Madison	State WI	ZIP 53705	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Connie L.		Davis	
Inventor's Signature <i>Connie L. Davis</i>		Date 2/19/02	
Residence: City Mercer Island	State WA	Country U.S.	Citizenship U.S.
Mailing Address 2733 60th Avenue SE			
Mailing Address			
City Mercer Island	State WA	ZIP 98040	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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